

REGISTRATION FORM

**FALCON
Industry day**

Tuesday, 8 July 2003

Hilton Arlington & Towers, 950 North Stafford Street, Arlington, VA 22203

PLEASE COMPLETE AND FAX THIS FORM TO JACQUES PINNIX-CHAPPELL (703-527-0823) BY TUESDAY, 1 JULY, 2003

Name: _____
(Please include your title, i.e.: Dr., COL, etc.)

Name of US Employer: _____

Address of US Employer: _____

Phone: _____ FAX: _____

E-mail: _____

Meeting Registration Fee: \$15.00

CREDIT CARDS WILL NOT BE ACCEPTED. CASH OR CHECKS WILL BE ACCEPTED AT THE DOOR.
CHECKS WILL NOT BE DEPOSITED BEFORE THE CONFERENCE. IF YOU CHOOSE TO MAIL YOUR CHECK IT
MUST BE RECEIVED BEFORE THE CONFERENCE DAY.

PLEASE CHOOSE YOUR METHOD OF PAYMENT.

_____ I will Mail a Check (payable to CENTRA Technology) to: CENTRA Technology
4121 Wilson Blvd, Suite 301
ATTN: Jacques Pinnix
Arlington, VA 22203

_____ I will pay at the Door (Cash, Check or Money Order)

PLEASE CHECK THE APPROPRIATE BOX:

_____ I am a US Citizen

_____ I am a US Permanent Resident Alien (please include a DARPA Form 60 with your Registration Form)

All attendees must be US Citizens or US Permanent Resident Aliens AND be employed by a US Company, US University or US Government Agency. Please certify by signing below.

Signature

Date